

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11904

CERTIFICATE OF DEATH

Reg. Dist. No....

64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Caroline
City or town Federalsburg, Md. R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, Institution, or street address where death occurred:
R.F.D.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME
Laura Belle Adams

4. Sex Fem. 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Elisha E. Adams
deceased

7. Birth date of deceased (mo., day, yr.) June 15, 1871

8. AGE: Years 75 Months 6 Days 13 If less than one day
hrs. min.

9. Birthplace near Bridgeville, Del.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business "

12. Name unknown

13. Birthplace "

14. Maiden name Sallie Williamson

15. Birthplace Del.

16. Informant Herman Lankford
Address Federalsburg, Md.

17. Burial burial Date thereof 12-30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bloomery Cem.
Location Federalsburg, Md. R.F.D.

18. Funeral director Harvey Williamson
Address Federalsburg, Md.

19. 1/6 1947 E.J. Garris
(Dated & signed by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number no

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28th 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 28 1946 to December 29 1947 and that I last saw her alive on December 28 1947

Immediate cause of death Carotid Thrombosis

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lankford, M.D.
M. D. or other
Address Bridgeton, Delaware Date signed 1/2/47



1-25-

2-640-1-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-1-a)

11905

CERTIFICATE OF DEATH

Reg. Dist. No. 610

1. PLACE OF DEATH: Caroline
 County: Greensboro
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 68 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Fanny B. Beckham

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Benjamin7. Birth date of deceased (mo., day, yr.) Jan. 26 - 18768. AGE: Years 70 Months 10 Days 12 If less than one day hrs. min.9. Birthplace Culpeper, Va.
 (Town, county, and state)10. Usual occupation Housewife11. Industry or business Jameson Barber

FATHER 12. Name Jameson Barber
 13. Birthplace Va.

MOTHER 14. Maiden name Fanny Beckham
 15. Birthplace Va.16. Informant Benjamin BeckhamAddress Greensboro, Md.17. Burial Burial Date thereof 12/11/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. Dec'd 10. 1946 L. M. Lippman
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro (If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)2.(a) If veteran, name war: ✓3. (b) Social Security Number ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1946, at 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that deceased from

Dec. 6 1946, to Dec. 8, 1946and that I last saw her alive on Dec. 8, 1946Immediate cause of death Cerebral Hemorrhageor heart failureDue to Cardiac Renal DiseaseDue to or hypertensionOther conditions ✓

(Include pregnancy within 3 months of death)

Major findings or operations ✓Date of op. ✓Autopsy results ✓

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓Where did injury occur? ✓ (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ✓Means of injury ✓ Injured at work ✓23. SIGNATURE Charles H. Householder, M.D.Address Greensboro, Md. Date signed 1946

RECEIVED

DEC 11 1946

BUREAU V 3

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 258

CERTIFICATE OF DEATH

11996/60
Reg. Dist. No.

1. PLACE OF DEATH:

County

Caroline

City or town

Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 1/2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Virginia Melvin Buckson

3. (b) Social Security Number

4. Sex

F. White Widowed

5. Color or race

B.(a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

W. C. Buckson

7. Birth date of

deceased (mo., day, yr.)

Dec. 12 1880

B.(c) If alive, give age

years

8. AGE:

Years Months Days If less than one day
66 0 4 hrs. min.

9. Birthplace

Centerville Queen Anne's Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John W. Wood

12. Name

M. D.

13. Birthplace

Aftonza Tough

14. Maiden name

Md.

15. Birthplace

Mrs. Harvey Shively

16. Informant

Goldsboro Md.

Address

Burial

17. Date thereof

(Burial, cremation, or removal which?)

(2/19/46)

(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro Md.

19. Date read by registrar

12/18/46

19. (Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Goldsboro

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 16 1946 at 6:52 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/15 146 to 12/16 146

and that I last saw her alive on 12/15 146

Immediate cause of death Heart Failure

DURATION

5 yrs

Due to Arteric. Valvular Disease of Heart

Due to Arteric. Valvular Pneumonia

Other conditions 20 yrs

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

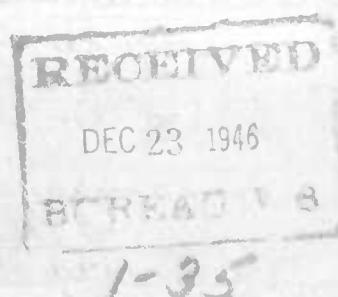
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURES

H. J. Silver M. D. or other

Address Goldsboro Md. Date signed 12/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11907
64

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yearsHospital, Institution, or street address where death occurred: Wabutown

How long in hospital or institution?

3. (a) FULL NAME

Edward Cook

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Jane A. Cook6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

November 25, 1872

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Trenton, New Jersey
(Town, county, and state)

10. Usual occupation

Military Guard

11. Industry or business

Bureau of Detective Bureau

MOTHER FATHER

12. Name John P. Cook

13. Birthplace

Germany

14. Maiden name

Annie Homestead

15. Birthplace

Germany

16. Informant

Mrs. Jane A. Cook

Address

Federalburg, Maryland, P.T.D.

17. Burial

Burial

(Burial, cremation, or removal, Which?)

December 12, 1946
(month) (day) (year)

Cemetery or crematory

Area Best Cemetery

Location

Federalburg, Maryland

18. Funeral director

K. J. Fraughton and Son

Address

Federalburg, Maryland19. Dec. 11th

1946

J. J. Frampton

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. 13851

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

166-05-7262

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1946 at 12 noon A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 9, 1946 to December 9, 1946and that I last saw him alive on December 8, 1946Immediate cause of death Coronary Thrombosis

DURATION

6 hrs.

Due to

Due to

Other conditions Generalized arteriosclerosis5 years

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson, M.D.

M. D. or other

Address Federalburg, Maryland Date signed 12-10-46

RECEIVED

DEC 17 1946

BUREAU

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11908

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County

City or town

Caroline

Near Ridgely

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Daniel Keller Crouse

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

20

widower

6. (b) Name of husband or wife

Eusma Gibble Crouse

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

Oct. 4th 1862

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

84

3

9

9. Birthplace

Town, county, and state

Bucks County, Penn.

(Town, county, and state)

10. Usual occupation.

Retired Farmer

11. Industry or business

John Crouse

12. Name

Penn.

13. Birthplace

Penn.

14. Maiden name

Elizabeth

Keller

15. Birthplace

Penn.

16. Informant

J. Daniel Crouse

Address

Deutan. Ind.

17. Burial

Date thereof 12-14-46

(Burial, cremation, or removal. Which?)

(month)

(day)

(year)

Cemetery or crematory

Deutan Cemetery

Location

Deutan Ind.

18. Funeral director

J. Daniel Crouse & Son

Address

Deutan Ind.

19. Date rec'd by registrar

1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Ind.

Near

Ridgely

County

Caroline

Near

Caroline

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 11 1946, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to

and that I last saw h. alive on

19

Immediate cause of death

DURATION

Died suddenly. Paroxysm

Due to: against it

Sudden

had been ill two yrs.

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

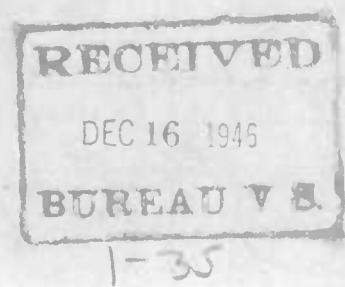
23. SIGNATURE

Henson T. Gandy

Dept. of Health and Sanitation M. D. or other

Address

Date signed 12/12/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11909

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mn., day, yr.)

6. (c) Alive, give age years

8. AGE:

Years Months Days If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1946 21 127 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to Dec. 26 1946 and that I last saw her alive on Dec. 26 1946

Immediate cause of death

Chronic Hypertension
Due to Arterio-Sclerosis

DURATION

2 yrs
3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 1/30/46

RECEIVED

JAN 3 1947

BUREAU

1-55-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

11910

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: Caroline
 County: Ridgely Rural
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death: 20 yrs.
 Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Caroline
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 Street No.: _____
 (If rural, give LOCATION)

3. (a) FULL NAME Willie Alberta Griffin

4. Sex: F. 5. Color or race: B. 6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife: Thomas J.

7. Birth date of deceased (mo. day, yr.): Oct. 20 - 1884 8. (c) If alive, give age: years

8. AGE: 62 Years 1 Months 12 Days If less than one day: hrs. min.

9. Birthplace: Wynne's Talbot, Md. (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: No Record

13. Birthplace: No Record

14. Maiden name: No Record

15. Birthplace: No Record

16. Informant: Benny Griffin
 Address: Ridgely Rural
 17. (Burial, cremation, or removal? Which?) Burial Date thereof: 12/17/46
 Cemetery or crematory: Abington
 Location: Abington, Md.

18. Funeral director: Raymond B. Pauling
 Address: Greensboro, Md.

19. Dec 7 1946 (Date rec'd by registrar)

3. (b) Social Security Number:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 2 19 46 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1946, to Dec 2, 1946 and that I last saw him alive on Dec 2, 1946Immediate cause of death: Acute MyocarditisDue to: Internal Schistos Cardiac & Pulmonary Disease

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: Car

Injured at work? _____

23. SIGNATURE: Frank H. Greenough Jr.M. D. or Dr.Address: Greensboro, Md. Date signed: 1946



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

11911

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

5 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Reliance Road

How long in hospital or institution?

3. (a) FULL NAME

Carrie Griffith

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Jerome Griffith

7. Birth date of deceased (mo., day, yr.)

May 13, 1883

6.(c) If alive, give age 77 years

8. AGE:

Years
63Months
6Days
21

If less than one day

hrs. min.

9. Birthplace

Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

Meter Thomson

MOTHER

Sussex County, Delaware

FATHER

Taura Collins

MOTHER

Sussex County, Delaware

FATHER

Jerome Griffith

MOTHER

Federalburg, Maryland

FATHER

17. Burial Date thereof December 6, 1946
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Hill Crest Cemetery
Location Federalburg, Maryland18. Funeral director J. J. Frampton and Son
Address Federalburg, Maryland19. Dec. 6 1946 J. J. Frampton
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Reliance Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1946, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 4 1946, to Dec. 4 1946 1946

and that I last saw h.c. alive on Dec. 4 1946

Immediate cause of death Cerebral hemorrhage DURATION

4 hours

Due to

Due to

Other conditions

Hypertension

Unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank B. Anderson, M.D.

M. D. or other

Address Federalburg Md. Date signed 12/6/46

RECEIVED

DEC 17 1946

BUREAU OF INVESTIGATION

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

11912 610
Reg. Diat. No. 64

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County *Caroline*City or town *Greensboro - Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *4 months*Hospital, institution, or street address where death occurred: *Greensboro - Burreville Road*

How long in hospital or institution?

3. (a) FULL NAME

*Rachel E. Hignutt*4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Widowed*6.(b) Name of husband or wife *William J. Hignutt*

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *May 24, 1866*8. AGE: Years *80* Months *6* Days *14* If less than one day
hrs. min.9. Birthplace *Caroline County, Maryland*
(Town, county, and state)10. Usual occupation *Housework*11. Industry or business *Home*12. Name *Rachel E. Nichols*13. Birthplace *Caroline County, Maryland*14. Maiden name *Henrietta Smith*15. Birthplace *Caroline County, Maryland*16. Informant *Mrs. Wallace Harper*Address *Greensboro, Maryland, P.T.O.*17. Burial *Dec 10* Date thereof *December 10, 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Hill Crest Cemetery*Location *Federalsburg, Maryland*18. Funeral director *J. J. Frampton & Son*Address *Federalsburg, Maryland*19. *December 10 1946*
(Date rec'd by registrar)*J. J. Frampton*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*City or town *Greensboro - Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *Greensboro - Burreville Road*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 8 1946* at *2:30 A.M.*

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

*Oct. 1 1946 to Dec 8, 1946*and that I last saw her alive on *Dec 7 1946*

Immediate cause of death

*Chronic nephritis**Y. Enterocolic**Enteric Sclerosis**Cardio muscular Disease*

DURATION

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

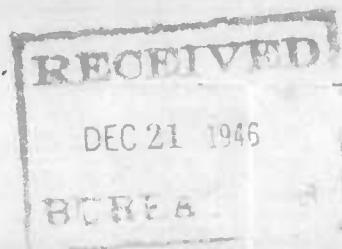
Means of injury

Injured at work?

23. SIGNATURE

M. D. or

Address *Greensboro, Maryland* Date signed *1946*



2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

CERTIFICATE OF DEATH

11913
Reg. Dist. No. 610

1. PLACE OF DEATH:

County

Caroline
Greensboro Rural
(If outside city or town limits, write RURAL, and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clarence E. Hollingsworth

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

Anna

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

8. (c) If alive, give age

77

years

Sept. 26 1872

8. AGE:

Years
74Months
2Days
15If less than one day
hrs. min.

9. Birthplace

Greensboro Caroline Md.

(Town, county and state)

10. Usual occupation

Railroad Employee

11. Industry or business

Henry Hollingsworth

12. Name

Md.

13. Birthplace

Elizabeth Jones

14. Maiden name

Md.

15. Birthplace

Mrs. Anna Hollingsworth

16. Informant

Greensboro Md.

Address

Burial

(Burial, cremation, or removal, Which?)

Date thereof
(month) (day) (year)

Cemetery or crematory

Greensboro Md.

Location

Raymond B. Pawlings

18. Funeral director

Greensboro Md.

Address

Dec. 14 1946 L. M. Legg

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Greensboro Rural
(If outside city or town limits, write RURAL, and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 11 1946 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1946 to Dec 11 1946

and that I last saw him alive on Dec 11 1946

Immediate cause of death

Carcinoma of lung

DURATION 5 mos.

Due to

Due to

Residential

Severe Neglect

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work

Signature

M. D. License No.

Address

Date signed

RECEIVED

DEC 17 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4B

CERTIFICATE OF DEATH

Reg. Dist. No.

11914

620

1. PLACE OF DEATH:

County *Caroline*City or town *Heathers*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6yrs*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Arthur Haet

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. W. Single

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

July 8, 1888

8. AGE:

Years

Months

Days

If less than one day

58 5 21 hrs. min.

9. Birthplace

Heathers, Tidet, Md.

(Town, county, and state)

10. Usual occupation

Bookkeeper

11. Industry or business

James Whaley Haet

12. Name

James Whaley Haet

13. Birthplace

Md.

14. Maiden name

Grace Anna Beaman

15. Birthplace

Md

16. Informant

Virginia Haet

Address

Obistons, Md.

17. Burial

Burial

Cemetery or crematory

St. Pauls Buryard

Location

Heathers, Md.

18. Funeral director

Arthur Haet

Address

Heathers, Md.

19. (Date rec'd by registrar)

12/31/46

1946

MD George

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12/31/46

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BUREAU V. S.

1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11915
600

CERTIFICATE OF DEATH

Reg. Dist. No.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

1. PLACE OF DEATH: Caroline
 County: Goldsboro Rural
 City or town: Goldsboro (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs.
 Hospital, institution, or street address where death occurs:
 How long in hospital or institution?

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife E. Clay J.7. Birth date of deceased (mo., day, yr.) April 8 - 1859 8. (c) If alive, give age 77 years8. AGE: Years 87 Months 8 Days 23 If less than one day hrs. min. 9. Birthplace Goldsboro Caroline Md. (Town, county, and state)10. Usual occupation Saw Mill Operator11. Industry or business 12. Name Williams Hutson13. Birthplace Maryland14. Maiden name Sophiah Holckner15. Birthplace Maryland16. Informant Mrs. E. Clay Hutson
Address Goldsboro Md.17. Burial Burial Date thereof 1/4/47
(Burial, cremation, or removal? Which?) Date (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. Jan. 2 1947 a glass break
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)
 State: Maryland County: Caroline
 City or town: Goldsboro (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war 3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1946 at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 to 1946 and that I last saw him alive on 12/29 1946Immediate cause of death Heart Failure

DURATION

Due to Cardiovascular DiseaseDue to AgeOther conditions

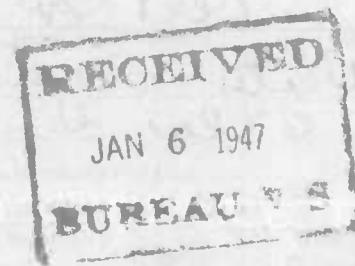
(Include pregnancy within 3 months of death)

Major findings or operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE J. G. Silver M. D. or other Address Goldsboro Date signed 1/3/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

11916

CERTIFICATE OF DEATH

Reg. Dist. No.

600

1. PLACE OF DEATH: *Caroline*
 County: *Goldsboro* City or town: *Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *50 yrs.*
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME *George F. Kemp*

4. Sex: *Male* 5. Color or race: *White* 6. (a) Single, married, widowed, or divorced: *Married*

6. (b) Name of husband or wife: *Mary K.*

7. Birth date of deceased (mo., day, yr.): *Feb. 12 1884* 8. (c) If alive, give age: *68* years

8. AGE: *68* Years *10* Months *0* Days *11* less than one day
 hrs. *0* min.

9. Birthplace: *Kilton Kent Del.* (Town, county, and state)

10. Usual occupation: *Farmer*

11. Industry or business: *John W. Kemp*

12. Name: *John W. Kemp*

13. Birthplace: *Del.*

14. Maiden name: *Liza A. Scott*

15. Birthplace: *Del.*

16. Informant: *Mrs. Mary K. Kemp*

Address: *Goldsboro Md.*

17. Burial: *Burial* (Burial, cremation, or removal. Why?) Date thereof: *12/15/46* (month) (day) (year)

Cemetery or crematory: *Mt. Olive*

Location: *Near Goldsboro Md.*

18. Funeral director: *Raymond B. Rawlings*

Address: *Goldsboro Md.*

19. *12/14 46* (Date recd by registrar) 19. *46* (Date of death) 20. *A. E. Smith* (Name of physician)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State: *Maryland* County: *Caroline*
 City or town: *Goldsboro* (If outside city or town limits, write RURAL and give nearest town)
 Street No.:

(If rural, give LOCATION) *✓*

2.(a) If veteran, name war:

3. (b) Social Security Number *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Dec. 12* 1946 at *7:25 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 12 1946 to *12/12 1946* and that I last saw him alive on *12/12 1946*.

Immediate cause of death: *Cerebral Hemorrhage* DURATION *7 days*

Due to: *Hypertension* DURATION *5 yrs.*

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: *J. P. Silver* M. J. other _____

Address: *Goldsboro Md.* Date signed: *12/13/46*



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

11917

CERTIFICATE OF DEATH

Reg. Dist. No. 630

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, Institution, or street address where death occurred:
Near Bethlehem

How long in hospital or institution?

3. (a) FULL NAME

Robert Alan Milligan4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 21, 1946 6. (c) If alive, give age — years8. AGE: Years — Months — Days — If less than one day 14 hrs. 30 min.9. Birthplace Preston, Maryland, R.F.D.
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Norman E. Milligan
FATHER13. Birthplace Hurlock, Maryland, R.F.D.14. Maiden name Mabel A. Sanders
MOTHER15. Birthplace Caroline County, Maryland16. Informant Norman E. Milligan
Address Preston, Maryland, R.F.D.17. Burial Date thereof December 23, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Washington CemeteryLocation Near Hurlock, Maryland18. Funeral director J. J. Trautman & Son
Address Federalsburg, Maryland19. 1946 Date recd by registrar 1946 C. D. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Bethlehem
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1946 at 10 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 21, 1946, to December 22, 1946and that I last saw him alive on December 22, 1946Immediate cause of death Pneumonia, T.B.Cards were not used for Date January 1, 1947Due to —Due to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of Injury — Injured at work? —23. SIGNATURE George Blumer M. D. or other —Address Preston, Maryland Date signed 12/27/46

VS A15

RECEIVED

DEC 24 1946

BUREAU OF

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

11918

CERTIFICATE OF DEATH

Reg. Dist. No. 61A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: Caroline
 County Greensboro
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 yrs.
 Hospital, institution, or street address where death occurred: Greensboro
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)

State Maryland County Caroline
 City or town (If outside city or town limits, write RURAL and give nearest town)
 Street No. Greensboro
 (If rural, give LOCATION)

3. (a) FULL NAME

Iola Owings Smith

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Arthur G. Smith

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1885 8. (c) If alive, give age years 70

8. AGE: Years 61 Month 13 Days 14 If less than one day
 hrs. min.

9. Birthplace Owings, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Harry P. Owings

MOTHER FATHER

12. Name Harry P. Owings
 13. Birthplace Md.

MOTHER

14. Maiden name Hattie Stanbury
 15. Birthplace Md.

16. Informant Mrs. Hattie Horn
 Address 4720 Woodbury Rd. Riverdale Md.

17. Burial (Burial, cremation, or removal, which?) Greensboro Date thereof 12/23/46
 Cemetery or Cemetery Greensboro (month) Dec. (day) 23 (year) 46
 Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Md.

19. Date rec'd by registrar Dec. 23 1946 Registrar Frank L. P. Lippman
 (Date rec'd by registrar) (Registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 19 46 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 1946 to Dec. 20 1946 and that I last saw her alive on December 20 1946.

Immediate cause of death Coronary Occlusion DURATION 1 da.

Due to Sturge myocarditis

Due to Sturge myocarditis

Other conditions

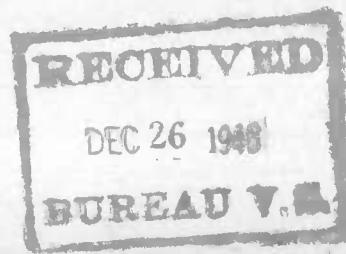
(Include pregnancy within 3 months of death)

Major findings or operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Frank L. P. Lippman M. D. or other Address Greensboro, Md. Date signed 12-23-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 43-2

11919

CERTIFICATE OF DEATH

Reg. Dist. No. 630

1. PLACE OF DEATH:

County CarolineCity or town Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, institution, or street address where death occurred:

Easton Road

How long in hospital or institution?

3. (a) FULL NAME

John J. Stanton

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Martha J. Stanton

7. Birth date of deceased (mo., day, yr.)

April 16, 1860

6. (c) If alive, give age

— years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Concrete and Brick

11. Industry or business

Thomas J. Stanton

12. Name

Retired Mason

13. Birthplace

Virginia

14. Maiden name

Mary Ann Vickers

15. Birthplace

Dorchester County, Maryland

16. Informant

Robert L. Stanton

Address

Preston, Maryland

17. Burial

Date thereof December 27, 1946
(Burial, cremation, or removal, Which?)
(month) (day) (year)

Cemetery or crematory

Galestown Cemetery

Location

Galestown, Maryland

18. Funeral director

J. J. Frampstorf and Son

Address

Federalburg, Maryland

19. 12/27

(Date rec'd by registrar)

19. 46

(Date of death)

C. D. Pleasant

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCity or town PrestonCounty Caroline

(If outside city or town limits, write RURAL and give nearest town)

Street No. Easton Road

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1946 at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 20, 1946 to December 21, 1946and that I last saw him alive on December 21, 1946Immediate cause of death Malignant or inSquamous Cell Carcinoma ofLip & Jaw.Due to Squamous Cell Carcinoma of Lip & Jaw2nd Local Lip & Jaw

Due to

Other conditions After relatives

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

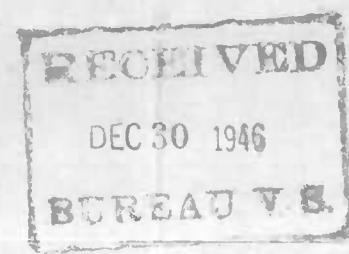
Injured at work?

23. SIGNATURE

George P. Glance

M. D. or other

Address Preston, MarylandDate signed 12/27/46



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

11920

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Anna Stubbs

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

widow

6. (b) Name of husband or wife

William Stubbs, Deceased

6. (c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.)

Aug. 31st 1858

8. AGE:

Years

Months

Days

If less than one day

88

6

20

hra.

min.

9. Birthplace

County

State

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

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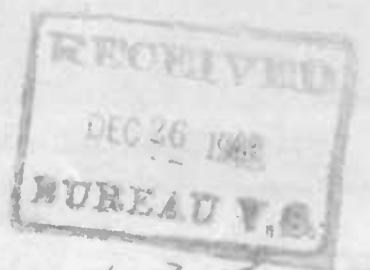
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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16

CERTIFICATE OF DEATH

Reg. Dist. No. 66

11921
66

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex:

5. Color or race:

6. (a) Single, married, widowed, or divorced

Male

Black

Married

6. (b) Name of husband or wife:

Louise J. Thomas

7. Birth date of deceased (mo., day, yr.)

Jan. 6 1904

6. (c) If alive, give age

36 years

8. AGE:

Years

Months

Days

If less than one day

42

11

69

hrs.

min.

9. Birthplace:

Ridgely, Caroline, Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name:

Douglas Thomas

13. Birthplace:

Ridgely, Md.

14. Maiden name:

Elmae J. Davis

15. Birthplace:

Ridgely, Md.

16. Informant:

Mrs. Louise J. Thomas

Address:

Ridgely, Md.

17. Burial:

Date thereof: 12/12/46

(Burial, cremation, or removal. Which?)

(monthly) (day) (year)

Cemetery or crematory:

Thomas farm

Location:

Near Ridgely, Md.

18. Funeral director:

Raymond J. Hawley

Address:

Greensboro, Md.

19. Date rec'd by registrar:

1/22/46

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State: Maryland County:

City or town: Ridgely

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

R13-16-7938

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Dec. 25 1946, a.m. 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....

19.....

and that I last saw h.....alive on.....

Immediate cause of death:

Hemorrhage

Due to: State instant in left Chest

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

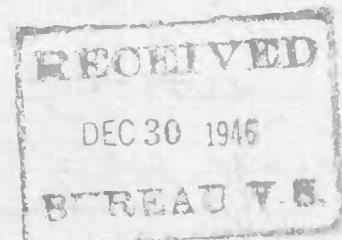
Accident, suicide, or homicide: Homicide Date of: 12/25/46Where did injury occur: Ridgely, Caroline, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public placesMeans of injury: Stabbed in chest Injured at work?

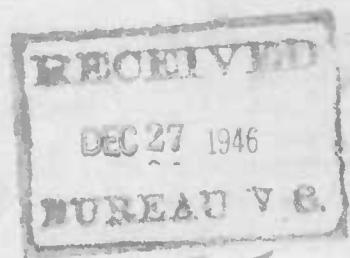
23. SIGNATURE:

Dawson, J. George M. D. or other

Tenter, M. D. Date signed: 1/22/46

Address: Tenter, M. D.





2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

11923

Reg. Dist. No. 620

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

New Castle

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

M

5. Color or race

78

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of decedent (mo., day, yr.)

Oct. 7 1932

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Merle Blaine Wilhelmen

Merle Blaine Wilhelmen

Merle Blaine Wilhelmen

13. Birthplace

Maryland

14. Maiden name

Folgerment Smith

Merle Blaine Wilhelmen

16. Informant

Merle Blaine Wilhelmen

Address

Bd. of Devel. - Eng.

17. Burial

Date thereof 12-22-46

(month) (day) (year)

Cemetery or crematory

Burrsville Maryland

Location Wesley M. E. Church Cemetery

18. Funeral director

Virgil Morris & Co.

Address

New Castle Eng.

19. (Date rec'd by registrar)

12-27-46

1946

Myrla George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town New Castle

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 19 1946 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

February 8 1946 to Dec. 19 1946

and that I last saw him alive on Dec. 16 1946

Immediate cause of death

Pneumonia heart disease

Influenza pneumonia and septicemia

DURATION

9 mo

Due to Pneumonia fever

Recurrent - 6/29/46 to 8/1/46

Due to Pneumonia fever

1/1/46 to 12/19/46

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Paul Hurts M.D.

M. D. or other

Address Doctor M.D. Date signed 12/21/46

RECEIVED

DEC 26 1945

BUREAU V.E.

1-35